



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Chock	Kyle	J.K.	528-5557
MAILING ADDRESS (Street) 1001 Bishop Street ASB Tower #1501			FAX 528-0421
(City) Honolulu	(State) HI	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Pacific Resource Partnership		TELEPHONE 528-5557
MAILING ADDRESS (Street) 1001 Bishop Street ASB Tower #1501		FAX 528-0421
(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Paul Marx		TELEPHONE 841-2808
MAILING ADDRESS (Street) 1199 Dillingham Boulevard Suite 200		FAX 841-2900
(City) Honolulu	(State) HI	(Zip Code) 96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kyle Chock

2/2/06

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kyle Chock		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
The Pacific Resource Partnership		528-5557	
MAILING ADDRESS (Street)		FAX	
1001 Bishop Street ASB Tower #1501		528-0421	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
<i>Kyle Chock</i>			
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
<i>Kyle Chock</i>			
<i>2/2/06</i>			
(Signature of Authorizing Officer or Person Represented)		(Date)	